

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

118

Lobbyist's Registration Number

FOR OFFICE USE ONLY  
Postmark Date: 1/20/04

REG

\$110

VH-0326-1A

WMA

1040014

1. NAME: O'Brien

Edward

MI

2. BUSINESS PHONE:

225-819-8007

Area Code and Phone Number

3. BUSINESS ADDRESS:

9818 Bluebonnet Blvd

City

BR LA 70810

Zip

Street and No.

MAILING ADDRESS:

SAME

Street and No.

City

State

Zip

4. EMPLOYER: HAL, Inc.

5. EMPLOYER'S ADDRESS:

9818 Bluebonnet Blvd

Street and No.

City

State

Zip

B.R., LA 70810

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group;  
(d) whether or not the client or someone else pays you to lobby.

1. Name: Independent Ins. Agents of LA, Inc.

Address: 9818 Bluebonnet Blvd. B.R., LA 70810

Business or purpose: TRADE ASSOCIATION

Does this person pay you?: YES

If No, who pays you?

## LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name:

Address:

Business or purpose:

Does this person pay you?

If No, who pays you?

3. Name:

Address:

Business or purpose:

Does this person pay you?

If No, who pays you?

4. Name:

Address:

Business or purpose:

Does this person pay you?

If No, who pays you?

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

*Edward F. O'Brien*  
Signature of Lobbyist

